

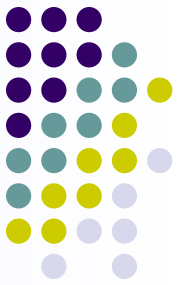


Impact of Hospital Accreditation on Public Hospitals

CT Hung



Questions



- Does accreditation improves quality of care in public hospitals
 - Local experience
 - Literature
- How to achieve the most through accreditation
 - What accreditation can and cannot do

Approaches to Quality Improvement



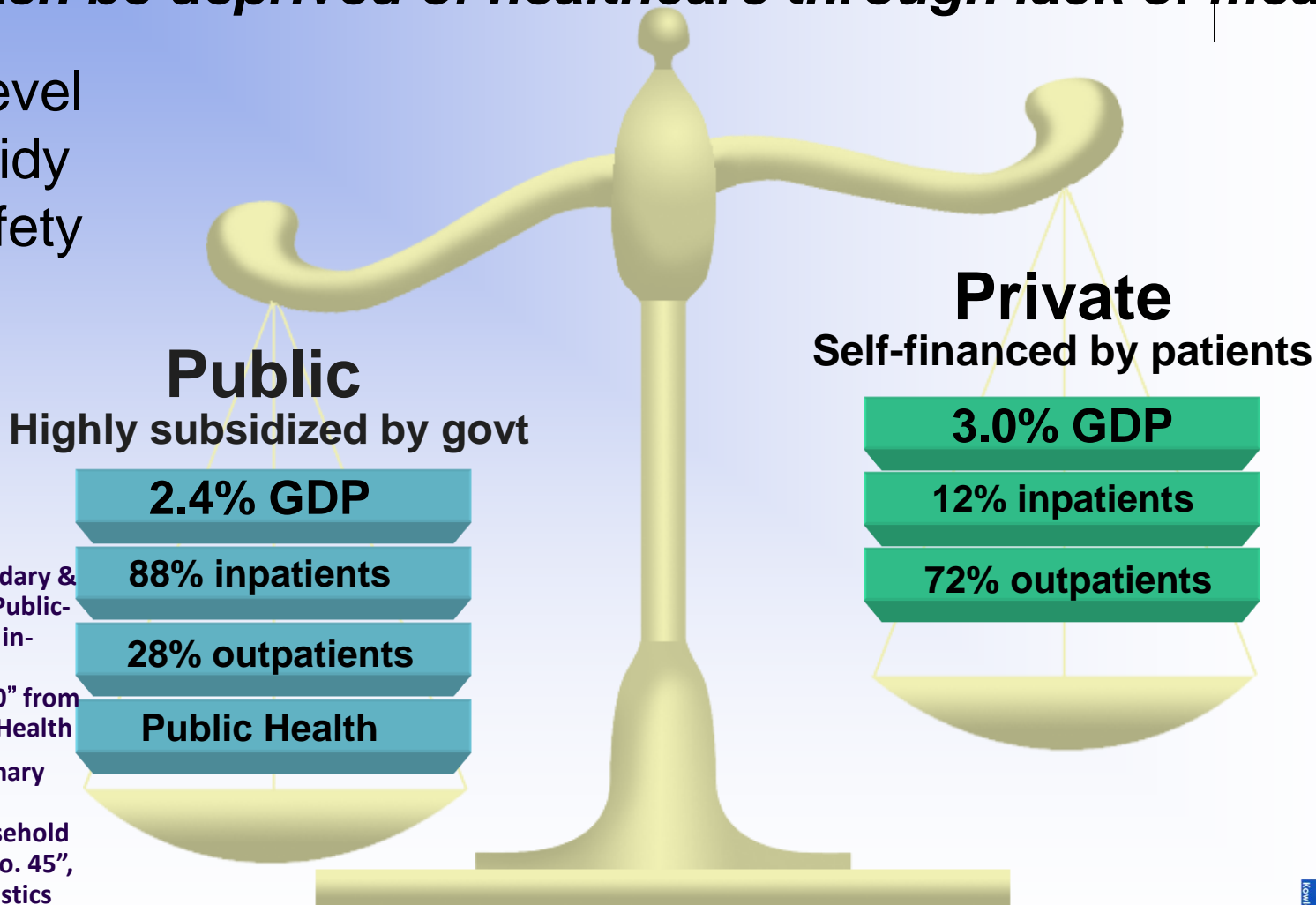
- External Inspection
 - Regulation
 - Accreditation
- Internal
 - Leadership
 - Organizational culture
 - Quality Management Structure

Hong Kong Healthcare System - Dual System -



No citizen be deprived of healthcare through lack of means

High Level
of subsidy
with safety
nets

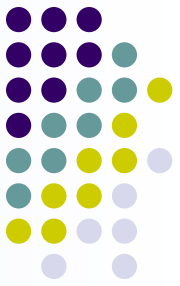


Source:

1. GDP: 2011
2. Inpatient (secondary & tertiary care) : "Public-private share by in-patient bed day occupied in 2010" from HA and Dept of Health
3. Outpatient (primary care) : "Thematic Household Survey Report No. 45", Census and Statistics Dept 醫院管理局 (data collected during Nov 2009 - Feb 2010)



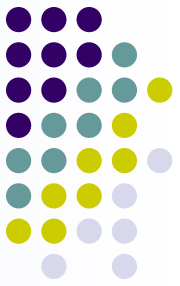
Public & Private Healthcare



- Private
 - Have to attract patients
 - USA: hospitals receiving medicare funds require JCAHO accreditation
 - Lebanon: identify private hospitals who can contract patients with MOH (*Jardali et al. Int J Qual Heal Care 2008;20:363-71*)
 - Quality helps brand-building
- Public
 - source of patients not an issue in HK
 - Access / waiting time of concern
 - No League tables

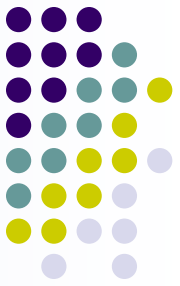
Is there a need for public hospitals to go through accreditation?

Continuous Quality Improvement in Public Hospitals



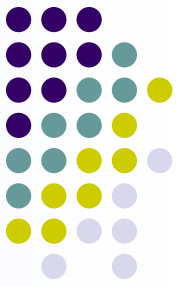
- Hospital Authority formed in 1990
- Increased government funding
 - Hardware
 - Staffing
- Introduced Quality concepts
- Training of health personnel on quality
- Tendency to be Project-based

Various Quality Initiatives



- Introduction of different concepts
 - QA / QI / CQI / TQM / Clinical Audit /Tracer Methodology
 - Extensive training
 - Not grasp the bigger picture
 - Not understand the real impact / purpose
- Forums for sharing
 - Quality Forums
 - HA Conventions
- Patient Safety Movement
 - Incident Management and AIRS

Varying impact



- HA Annual Plan
 - Section 3 on Quality: Annual Reporting
 - Process Indicators
 - 3 Levels: Structure Process Outcome
- Impact measurement
- Change not sustainable
 - Formality / Assignment / Task
 - not accompanied by culture / system changes
 - Varying commitment from professional groups
- Evaluation by someone outside organization
 - Hospital Accreditation

Compared to previous initiatives



- Hospital accreditation
 - Build a robust and sustainable quality system to actualizes CQI and address safety issues
 - provides continuous challenges to tackle
 - ensures a systematic rather than a project-based approach in improving quality and safety
 - Systematic improvement over time in all areas.

Short Term Impact:



- **Obvious Gaps**

- Finding the right timing to change
- House keeping
- Modernization
- Reduce variation / standardization
- Staff Engagement

House Keeping 2



Before



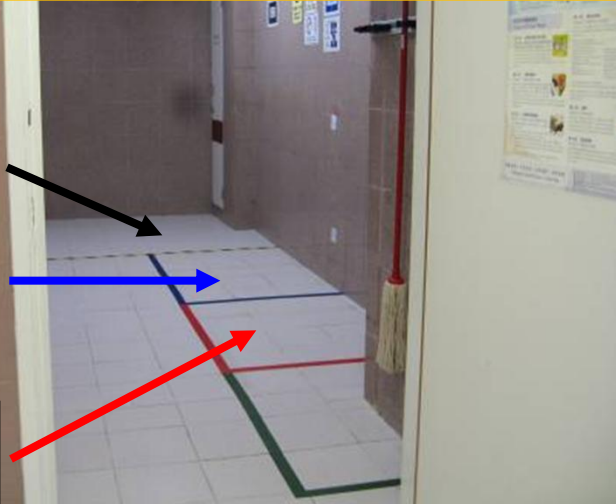
After

Chamber for Waste and Soiled Linen

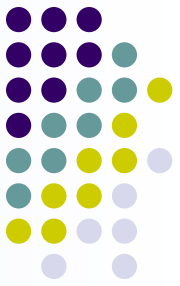
Domestic Waste

Soiled Linen

Clinical Waste

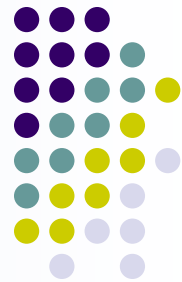


Modernization



- Facilities are also standardized and modernized at the same time to meet current demands
 - Treatment Room Renovation
 - Auto-refill / Top up system
 - Automatic Dispatch System (ADS)
- Credentialing & defining scope of practice
- Document Control
- Clinical Handover

Before renovation



Before renovation

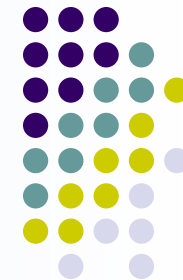




After renovation



After renovation



Scan the bar code of items required



Refill items in ward



Reduce Variation



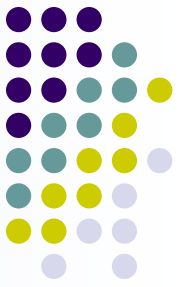
- Key system change
- Decentralization to promote staff empowerment and ownership
 - variation in practice leading to gaps and occasional safety issues
- Standardize & Align facilities, work flow and practice
- Reduction in variation and team work
 - Promote Best Practice
 - Ensure safety and quality

Staff Engagement



- Provides a common quality improvement language enhancing communication
- 4-yearly cycle
 - provides a constant challenge in quality improvement
 - each becomes a small project by itself
 - provides opportunities for engaging, motivating, transforming staff and encouraging team work

Staff Engagement ²



- Enhances the sense of belonging
- Staff members take pride in the organization
- Incentivizes staff which is important to internalize the values and consolidate subsequent culture changes
- Leaders emerged through the process



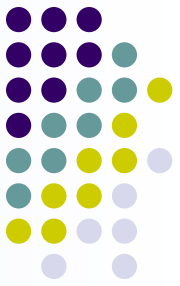
Road show in 2009



Periodic Review Summation in 2012

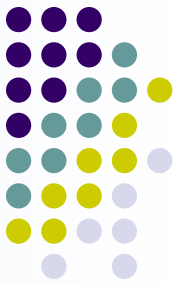


Medium Term Impact



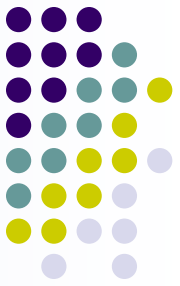
- Culture Changes
 - Internalization of values
 - Close knowing doing gap
 - Corner stone for sustainability
 - Differentiate from project-based
 - Culture change strategies
- Sustainability
 - Drives persistent system changes

Long Term Impact



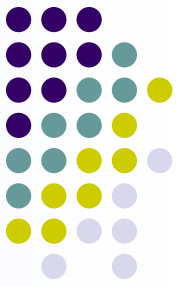
- Improve organizational performance
 - Cost-effectiveness
- Enhance quality

Missing Link ₁



- Resource Availability
 - Part of equation in evaluation
 - especially for those hospitals with big / significant gaps
 - Standardization of practice, upgrading or modernization of facilities would require manpower and fiscal resources
 - Despite the resource considerations, the overall cost effectiveness is high.

Missing Link ₂



- Prioritization
 - Large volume of additional work
 - Manpower shortage
 - Competing with other agenda
 - Leadership and other factors

Missing Link ₃



- How to remove the ‘project’ element?
 - Necessity of large amount of preparatory work before each visit?
 - Respecting the process
 - Consistency and sustainability important
 - Unannounced visits as in Michelin stars?

Examination mentality



- League Table of EA's
 - Is this appropriate
 - Incentive or dis-incentive for improvement
- Not a performance measurement
- Not the primary target
 - ? By product
 - May over-do, put some people off
- Balance required
 - Staff pride

CMC Hospital Accreditation

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Impact on CMC

1. Enhancement of team spirit
2. Alignment of patient care practices
3. Elimination of blind spots
4. Impetus to continuous quality improvement

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PYNEH

Impact on Services



- Instilled evaluation mechanism for all kinds of hospital services: clinical, support & corporate
- Aligned with international standards and best practice for enhanced patient safety, quality & performance
- As the pilot hospital, examined unexplored areas: clinical governance, credentialing & documentation

PYNEH

Impact on People & Organization



- Established clinical leadership
- Engaged staff of every department and discipline
- Built continuous improvement culture

PYNEH: Reflection



- Staff sentiment – alignment of interpretation of standards by surveyors of varied background & experience
- Corporate direction & standard for unexplored areas

Systematic Review

Greenfield & Braithwaite

(International Journal for Quality in Health Care 2008; 20: 172–183)



- Consistent findings
 - promote change, professional development
- Inconsistent findings
 - profession's attitude, organizational impact, financial impact, quality measure and program assessment
- No sufficient studies
 - consumer views or patient satisfaction, public disclosure, surveyor issues

Need for Evidence

Greenfield & Braithwaite

(Qual saf Health Care 2009:18;162-3)

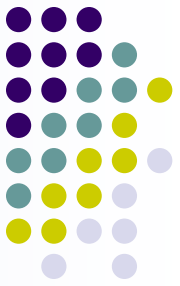


- Diffusion of Innovation
- Evidence under-developed
- Accreditation accepted as a driver, but not much evidence
- Role of tracer methodology
- Unannounced surveys
- Challenge
 - Publish research protocols and findings in international peer reviewed journals

Narrative Synthesis

Hinchcliff, Greenfield, Braithwaite et al

(*BMJ Qual Saf* 2012;21:979-91)

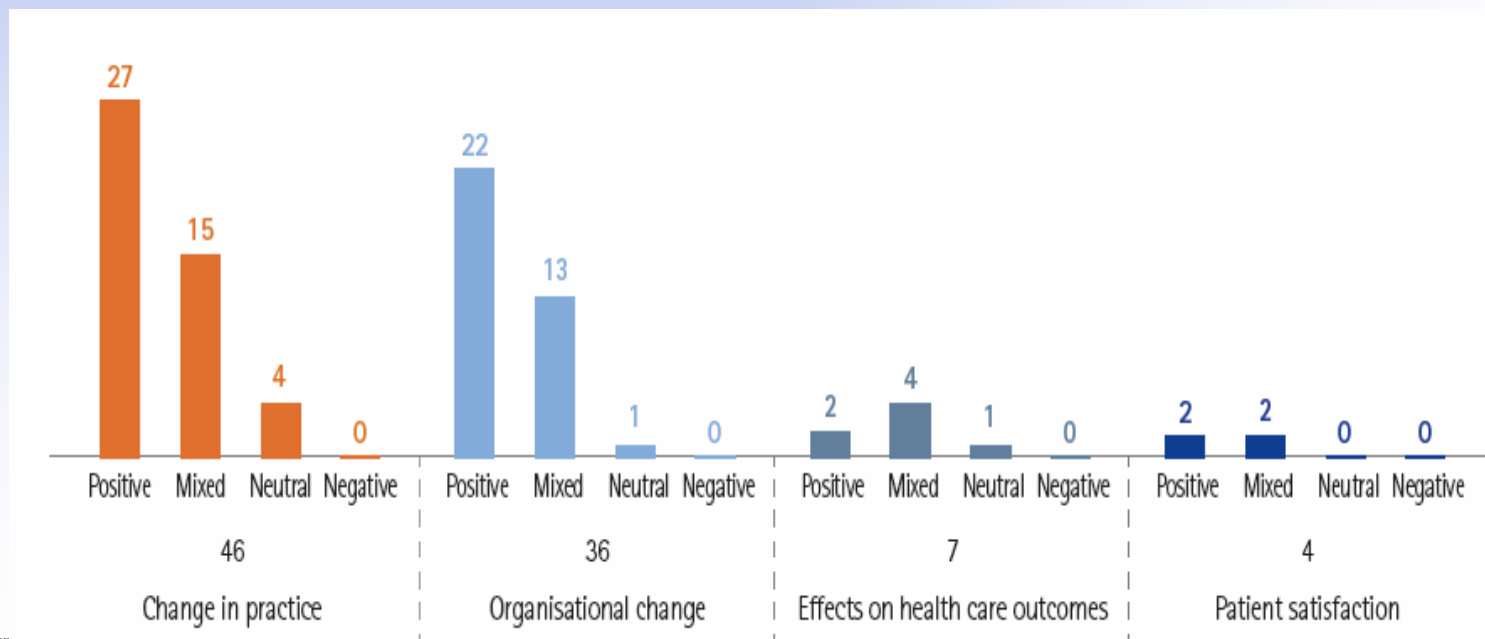


- Cannot make strong claims of effectiveness
- Use of clinical outcome data as metrics, in addition to organizational processes, patient satisfaction
- Costs effectiveness
- Consequences of new standards, surveying methods largely unresearched



Benefits of Accreditation

- Useful tool to stimulate change and improvement and promote high quality organizational processes
 - Canada, Indonesia, Lebanon, South Africa
- www.accreditation.ca: updated list of benefits



Points of Interest



- On outcome
 - Mixed results with various explanations
 - Local manpower shortage
 - Difficult to show positive effect on global outcome
 - Quality indicators important to improve quality of care for hospitals involving in accreditation. (Almoajel *World Appl Sci J* 2012;17:598-606)
 - Subspecialty accreditation on discreet programmes with specific outcomes: sleep medicine, chest pain, trauma management (Alkhenizan & Shaw. *Ann Saudi Med* 2011;31:407-16)

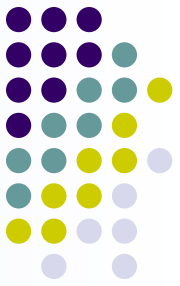
Points of Interest ₂



- Motivation dwindled over time
- Pomey et al *Implement Sci.* 2010 Apr 26;5:31.
- Institutions finding accreditation less challenging after 10 years
 - Beauty of projects

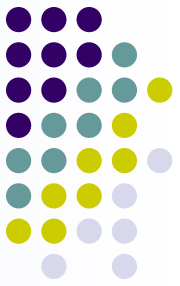
Hospital Improvement may be viewed as a structured and planned approach consisting of series of projects

Accreditation cannot



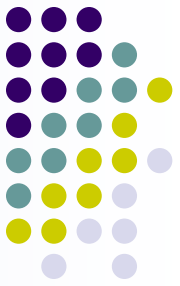
- Implement changes
 - Apart from pointing to a Good / Best practice
- Summative assessment versus formative assessment
- Avoiding focusing on issues that will be inspected
- Statutory power to enforce compliance

Hospital Accreditation Means or End?



- Quality improvement initiatives
 - unsuccessful without staff empowerment and ownership
- Accreditation
 - External standard
 - Changing force, framework and tools for improvement
- Organization
 - Culture change / Internalize the quality paradigm
 - Utilize the tools, apply to whole organization to capitalize the gain
- Human systems to adapt
 - Once becomes routine, impact small

Conclusion



- Hospital Accreditation is a tool
 - Structure / Framework
 - Process
- Maximize for sustainable positive outcome
 - Culture of Quality and Safety
 - Leadership
 - Staff engagement
 - Resources
- One step at a time
- Refreshed at intervals



Thank you